

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 10-JUL-2015		TIME 16:03:00		2. ADDRESS OF OCCURRENCE 10639 S COTTAGE GROVE AVE CHICAGO, IL 60628				3 LOCATION CODE 304		4 BEAT/OCCUR 0512				
MEMBER INVOLVED	5 POSITION 9171	6 LAST NAME ROBERTS	7 FIRST NAME JOHN E	8 STAR NO 2196	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE WHI	11 AGE [REDACTED]	12 HT 600	13 WT 170					
	14 DATE OF APPT 26-MAR-1990	15 EMPLOYEE NO [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 193 6565	17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? 01 Yes <input checked="" type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? 01 Yes <input checked="" type="checkbox"/> 02 No								
SUBJECT INFORMATION	20 LAST NAME MCSWAIN	21 FIRST NAME EUGENE	22 M.I. [REDACTED]	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25 D.O.B [REDACTED]	26 HT 506	27 WT 150						
	28 ADDRESS [REDACTED]	29 TELEPHONE NO. [REDACTED]	30 WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32 SUBJECT ALLEGED INJURY? 01 Apparently Normal 02 Under Influence 04 Not Hospitalized 05 Refused Medical Aid									
33 WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST		34 BY WHOM? DR. [REDACTED]	35 CONDITION <input checked="" type="checkbox"/> 03 Hospitalized											
36 CHARGES PLACED		DNA	37 CB NO. 00000000	38 IR NO	DNA									
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT ASSAULT		ASSAULTANT BATTERY		ASSAULTANT DEADLY FORCE					
	SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) OTHER _____		FLED PULLED AWAY OTHER _____		IMMINENT THREAT OF BATTERY OTHER _____		ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON OTHER _____					
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS ESCORT HOLDS WRISTLOCK AHMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON WAUTHORIZATION OTHER _____		OPEN HAND STRIKE TAKL DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Grenk Displayed) OTHER _____		ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) IMPACT MUNITION (Describe in Box 40) OTHER _____		KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40)		FIREARM OTHER _____					
	OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40 ADDITIONAL INFORMATION											
WEAPONS USED	POSITION [REDACTED]	STAR NO [REDACTED]	UNIT [REDACTED]	41 WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN	42 INCIDENT OCCURRED Indoors <input checked="" type="checkbox"/> Outdoors	43 LIGHTING CONDITIONS 02 Night 03 Dawn 05 Poor Artificial	44 WEATHER CONDITIONS <input checked="" type="checkbox"/> 01 Daylight 04 Dusk 06 Good Artificial	CLEAR						
	45 MAKE/MANUFACTURER [REDACTED]	46. MODEL [REDACTED]	47 BARREL LENGTH [REDACTED]	48. CALIBER/GAUGE [REDACTED]										
49 TASER DART ID NO [REDACTED]		50 WEAPON SERIAL NO (Include Letters) [REDACTED]		51 CHICAGO GUN REG. NO. [REDACTED]		52 IL FIREARM OWNER ID. NO [REDACTED]		53. HANDGUN CERTIFICATE NO [REDACTED]						
54 SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55 PROPERTY INVENTORY NO. [REDACTED]		56 TYPE OF AMMUNITION USED [REDACTED]		57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]						
59. WHO FIRED FIRST SHOT 01 MEMBER 02 OFFENDER		60 WAS FIREARM RELOADED DURING INCIDENT 01 YES 02 NO		61 NO. OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN 01 RT SIDE (WAIST) 02 LT SIDE (WAIST)		03 OTHER (Specify) [REDACTED]						
63 HOW WAS MEMBER'S HANDGUN DRAWN 01 STRONG SIDE DRAW 02 CROSS DRAW		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65 DID MEMBER USE SIGHTS 01 YES 02 NO										
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 010 - 05 FT 02 05 - 10 FT 03 10 - 15 FT 04 OVER 15 FT										
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON 01 PERSON 02 OBJECT 03 BOTH 04 UNKNOWN				69 POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING 02 LYING DOWN 03 SITTING 04 KNEELING 05 OTHER (SPECIFY) [REDACTED]										
CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): OEMC				DSS & LT./DIST. OF OCCUR. CPIC									
	NOTIFICATIONS (FIREARM INCIDENT): OEMC				DSS/DIST. OF OCCUR & OCIC CPIC				DET. DIV.					
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.														
SIGNATURES	73 REPORTING MEMBER (Print Name) ROBERTS, JOHN E 10-JUL-2015 23:20:30				STAR/EMPLOYEE NO. 2196	SIGNATURE [REDACTED]								
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.													
	74. REVIEWING SUPERVISOR (Print Name) LOPEZ, JOSE L		STAR NO 809	SIGNATURE [REDACTED]	DATE REVIEWED 10-JUL-2015 23:21:37		TIME [REDACTED]							

1519111125
ON EVENT NO

HY335302
71. RD NO

PA 26

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER. 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 11.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED X INTERVIEW NOT CONDUCTED (Specify Reason)
Offender is hospitalized.

76 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this stage of the investigation, a preliminary determination has been made that Sergeant's action were in compliance with department guidelines and directives

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1076081 OBTAINED

78 LIEUTENANT OR ABOVE/OCIC (Print Name) WALLER, FRED L	SIGNATURE [Redacted]	DATE COMPLETED 11-JUL-2015 00:55:44	TIME
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79 TOTAL TRK'S THIS EVENT No

3

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